

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10584024

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		2		
4		0		2		
5		0		2		
6		0		2		
7		0		2		
8		0		2		
9		0		1		
10		0		1		
11		0		2		
12		0		2		
13		0		2		
14		0		2		
15	1		1			
16		1		1		
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18	1		1			
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TOTAL IND.		↓	3	↓		↓
TOTAL DEP.	←		27	←		←
TOTAL CLAIMS			30			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						